

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		10/22/99
O.I.P.E. CLASSIFIER		8	10-29-99
FORMALITY REVIEW	AN	67471	12-3-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/02
2	✓	✓	12/02
3	✓	✓	7/04
4	✓	✓	1/04
5	✓	✓	1/04
6	✓	✓	1/04
7	✓	✓	1/04
8	✓	✓	1/04
9	✓	✓	1/04
10	✓	✓	1/04
11	✓	✓	1/04
12	✓	✓	1/04
13	✓	✓	1/04
14	✓	✓	1/04
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47	✓	✓	1/04
48	✓	✓	1/04
49	✓	✓	1/04
50	✓	✓	1/04

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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